

to the different anti-leishmanial drugs. Therefore, in depth evaluation is needed for succession of national elimination programme.

<http://dx.doi.org/10.1016/j.ijid.2016.02.762>

#### Type: Poster Presentation

Final Abstract Number: 43.023  
Session: Poster Session III  
Date: Saturday, March 5, 2016  
Time: 12:45–14:15  
Room: Hall 3 (Posters & Exhibition)

#### Sporotrichoid papulo-nodules with Retiform rash: Unusual presentation of Leishmaniasis

K. Bhardwaj<sup>1,\*</sup>, S. Ghatge<sup>2</sup>, A. dandale<sup>2</sup>, R. Dhurat<sup>2</sup>

<sup>1</sup> Lokmanya Tilak Municipal General Hospital and Lokmanya Tilak Municipal Medical College, Sion Mumbai, Mumbai, Maharashtra, India

<sup>2</sup> Lokmanya Tilak Municipal General Hospital and Lokmanya Tilak Municipal Medical College, Sion Mumbai, Mumbai, India

**Background:** Leishmaniasis is caused by intracellular protozoal parasites belonging to the genus *Leishmania*. HIV infection is an important factor for atypical presentation and widespread progression of visceral leishmaniasis

**Methods & Materials:** A 54-yr-old Nepali male diagnosed with HIV infection in 1994 on HAART from 2012 with baseline CD4 count 90, complained of multiple dome shaped painful lesion over both hands since 12 months. He has received multiple blood transfusion for pancytopenia in last 3 years without any improvement in blood count. On examination he was emaciated, had pallor with generalised lymphadenopathy. He had distended abdomen with massive hepatosplenomegaly. Cutaneous examination showed multiple sporotrichoid dome shaped firm tender papules and nodules over bilateral hands with isolated nodules on nose, bilateral elbows, buttocks, ankles along with net-like violaceous to erythematous coalescing papules over bilateral legs and trunk.

**Results:** Punch biopsies from a nodule on hand and violaceous papule over the leg showed multiple intracytoplasmic amastigotes within histiocytes on H & E and Giemsa stain. Bone marrow aspirate showed intra and extra-cellular LD bodies on Giemsa staining. Diagnosis of Visceral Leishmaniasis with cutaneous dissemination in a HIV-AIDS patient was kept. IV Amphoterecin 1 mg/kg/day was administered for 30 days along with blood transfusion. 1 month later patient followed up with partial resolution of skin lesions which showed persistent parasites and CD4 count remain below 100/mm<sup>3</sup>. In spite of HAART and anti-leishmanial therapy, no significant increase in CD4<sup>+</sup> T-cells was observed. Patient died later

**Conclusion:** In the setting of HIV, visceral leishmaniasis represents an opportunistic infection. Cutaneous localization is rarely described in AIDS and usually represents the primary site of infection, with a low number of lesions; however, a diffuse skin localization secondary to visceral dissemination of the protozoa is exceedingly uncommon

<http://dx.doi.org/10.1016/j.ijid.2016.02.763>

#### Type: Poster Presentation

Final Abstract Number: 43.024  
Session: Poster Session III  
Date: Saturday, March 5, 2016  
Time: 12:45–14:15  
Room: Hall 3 (Posters & Exhibition)

#### Utility of Polymerase chain reaction in diagnosis of Acanthamoeba and Microsporidial keratitis



N.K. Bhosale<sup>1,\*</sup>, J. Mandal<sup>2</sup>, S. parija<sup>3</sup>, S. Ahuja<sup>4</sup>

<sup>1</sup> Mahatma Gandhi Medical College and Research Institute, Pondicherry, Pondicherry, India

<sup>2</sup> Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry, India

<sup>3</sup> Jawaharlal Institute of Post Graduate Medical Education and Research, Pondicherry, India

<sup>4</sup> JIPMER, Pondicherry, India

**Background:** *Acanthamoeba* and Microsporidia are two opportunistic parasitic organisms which are now increasingly recognized as significant emerging cause of microbial keratitis. Early and accurate diagnosis is the most vital step in managing these infections as prognosis is directly related to timely diagnosis. Lack of clinical suspicion, clinical resemblance of the early stages to herpetic keratitis, cumbersome and expensive isolation techniques are some of the factors which makes the diagnosis more challenging. Current methods of diagnosis these parasites depends mainly upon their morphologic demonstration in the clinical specimen by microscopy. There is scope for diagnostic methods which are rapid, have high precision, specificity and sensitivity. PCR is a rapid and sensitive method for diagnosis and species identification of Microsporidia and *Acanthamoeba*.

**Methods & Materials: Objective:** Evaluation of the diagnostic utility of PCR in comparison to the conventional test.

**Design:** Descriptive study

**Participants:** All patients with suspected microbial keratitis presenting between October 2012 to June 2014 at the Ophthalmology OPD, JIPMER hospital.

**Methods:** A total of 50 consecutive non-duplicated cases of keratitis were included in the study period of two years. All the samples were subjected to the conventional test like microscopy using Gram stain and modified trichrome stain, and PCR for *Acanthamoeba* and Microsporidia.

**Results:** Mean age group of the patients in this study was 48.3 years and majority of them were females (54%). The predominant symptom with which the patients presented in our study was pain (60%). Corneal trauma with vegetative matter was a major risk factor accounting for 20%. Out of the 50 samples, 30% were bacterial keratitis and 16% were fungal keratitis. One (2%) of the specimens was positive for *Acanthamoeba* and two (4%) were positive for microsporidia by PCR, while, none of the specimens was positive by microscopy for *Acanthamoeba* and Microsporidia on Modified trichrome stained smears.

**Conclusion:** Hence, this establishes the fact that PCR is superior to microscopy as it is a sensitive cum rapid method for the diagnosis of keratitis due to *Acanthamoeba* and Microsporidia.

<http://dx.doi.org/10.1016/j.ijid.2016.02.764>